

TRAVEL EXPENSE CLAIM

Traveler ID Unit Code

210

ORIGINAL

STAFF

BK Trip? ☐ YES ☐ No

Page _____ of _____ Pages

STD. 262 (REV. 10/92)

CLAIMANT'S NAME
Karen Baker

Fiscal Year
2008-2009

2008TEC1774

SSN OR EMPLOYER NUMBER*

DEPARTMENT
OPR

POSITION
Secretary of Volunteering and

CB/ID NO.:
EXEMPT

DIVISION OF FIREARMS
California Volunteers

PCA #

117.00

RESIDENCE ADDRESS*

[illegible]

1110 K Street Suite 210

TELEPHONE NUMBER
916-323-7646

CITY
Sacramento

STATE
CA

ZIP CODE

CITY	Sacramento
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STATE
CA

ZIP
95814

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENT- TALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2)				BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
10/20	1900	Sac/SD	\$111.38			\$12.32				\$29.00	18	\$9.90		\$162.60
10/21	1715	SD/Sac		\$6.00	\$6.85		\$6.00			\$40.00	18	\$9.90		\$68.75 62.75
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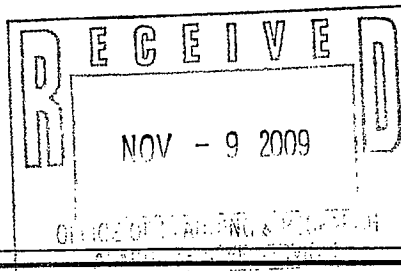
COLUMN CODE (ACCTG USE ONLY)

CLAIM TOTAL

\$225.35
\$231.35

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Attended Survive and Thrive Conference



(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER
4ybd289

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER
\$0.55

THEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

(15) CLAIMANT'S SIGNATURE

DATE _____

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE _____

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE _____